

Drugs That Require Step Therapy

In some cases SecureCare HMO, SecureChoice PPO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step-1 and Step-2 drugs both treat your medical condition, we may not cover the Step-2 drug unless you try the Step-1 drug first. If the Step-1 drug does not work for you, we will then cover the Step-2 drug shown in the chart below. SecureCare HMO, SecureChoice PPO will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your personal representative or your prescriber can request a review by calling, The Health Plan toll free at, 1.800.624.6961, Ext., 7914, Monday through Friday, 8:00 a.m.- 5:00 p.m. Customer Service is available in English and other languages. TTY/TDD users should call 711.

ANTIDEPRESSANTS

Products Affected

Step 1:

- *bupropion hcl sr 100 mg tablet,12 hr sustained-release*
- *bupropion hcl sr 150 mg tablet,12 hr sustained-release*
- *bupropion hcl sr 200 mg tablet,12 hr sustained-release*
- *bupropion hcl xl 150 mg 24 hr tablet, extended release*
- *bupropion hcl xl 300 mg 24 hr tablet, extended release*
- *citalopram 10 mg tablet*
- *citalopram 10 mg/5 ml oral solution*
- *citalopram 20 mg tablet*
- *citalopram 40 mg tablet*
- *duloxetine 20 mg capsule,delayed release*
- *duloxetine 30 mg capsule,delayed release*
- *duloxetine 60 mg capsule,delayed release*
- *escitalopram 10 mg tablet*
- *escitalopram 20 mg tablet*
- *escitalopram 5 mg tablet*
- *fluoxetine 10 mg capsule*
- *fluoxetine 20 mg capsule*
- *fluoxetine 20 mg/5 ml (4 mg/ml) oral solution*
- *fluoxetine 40 mg capsule*
- *fluvoxamine 100 mg tablet*
- *fluvoxamine 25 mg tablet*
- *fluvoxamine 50 mg tablet*
- *paroxetine 10 mg tablet*
- *paroxetine 20 mg tablet*
- *paroxetine 30 mg tablet*
- *paroxetine 40 mg tablet*
- *sertraline 100 mg tablet*
- *sertraline 20 mg/ml oral concentrate*
- *sertraline 25 mg tablet*
- *sertraline 50 mg tablet*
- *venlafaxine 100 mg tablet*
- *venlafaxine 25 mg tablet*
- *venlafaxine 37.5 mg tablet*
- *venlafaxine 50 mg tablet*
- *venlafaxine 75 mg tablet*
- *venlafaxine er 150 mg capsule,extended release 24 hr*
- *venlafaxine er 37.5 mg capsule,extended release 24 hr*
- *venlafaxine er 75 mg capsule,extended release 24 hr*

Step 2:

- EXXUA 18.2 MG (32 TABS) TABLET, ER 24 HR DOSE PACK
- EXXUA 18.2 MG TABLET,EXTENDED RELEASE
- EXXUA 36.3 MG TABLET,EXTENDED RELEASE
- EXXUA 54.5 MG TABLET,EXTENDED RELEASE
- EXXUA 72.6 MG TABLET,EXTENDED RELEASE

Drugs That Require Step Therapy

In some cases SecureCare HMO, SecureChoice PPO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step-1 and Step-2 drugs both treat your medical condition, we may not cover the Step-2 drug unless you try the Step-1 drug first. If the Step-1 drug does not work for you, we will then cover the Step-2 drug shown in the chart below. SecureCare HMO, SecureChoice PPO will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your personal representative or your prescriber can request a review by calling, The Health Plan toll free at, 1.800.624.6961, Ext., 7914, Monday through Friday, 8:00 a.m.- 5:00 p.m. Customer Service is available in English and other languages. TTY/TDD users should call 711.

Details

Criteria	1. If the patient has tried one Step 1 product, approve a Step 2 product. 2. If the patient is currently taking or has taken the requested Step 2 product at any time in the past, approve the requested product without a trial of a Step 1 product. 3. If the patient has suicidal ideation, approve the requested Step 2 product without a trial of a Step 1 product.
-----------------	--

Drugs That Require Step Therapy

In some cases SecureCare HMO, SecureChoice PPO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step-1 and Step-2 drugs both treat your medical condition, we may not cover the Step-2 drug unless you try the Step-1 drug first. If the Step-1 drug does not work for you, we will then cover the Step-2 drug shown in the chart below. SecureCare HMO, SecureChoice PPO will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your personal representative or your prescriber can request a review by calling, The Health Plan toll free at, 1.800.624.6961, Ext., 7914, Monday through Friday, 8:00 a.m.- 5:00 p.m. Customer Service is available in English and other languages. TTY/TDD users should call 711.

ANTIPSYCHOTICS (ORAL) - PST

Products Affected

Step 1:

- *aripiprazole 1 mg/ml oral solution*
- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 10 mg tablet*
- *aripiprazole 15 mg disintegrating tablet*
- *aripiprazole 15 mg tablet*
- *aripiprazole 2 mg tablet*
- *aripiprazole 20 mg tablet*
- *aripiprazole 30 mg tablet*
- *aripiprazole 5 mg tablet*
- *asenapine 10 mg sublingual tablet*
- *asenapine 2.5 mg sublingual tablet*
- *asenapine 5 mg sublingual tablet*
- *CAPLYTA 10.5 MG CAPSULE*
- *CAPLYTA 21 MG CAPSULE*
- *CAPLYTA 42 MG CAPSULE*
- *COBENFY 100 MG-20 MG CAPSULE*
- *COBENFY 125 MG-30 MG CAPSULE*
- *COBENFY 50 MG-20 MG CAPSULE*
- *COBENFY STARTER PACK 50 MG-20 MG/100 MG-20 MG CAPSULES IN A DOSE PACK*
- *lurasidone 120 mg tablet*
- *lurasidone 20 mg tablet*
- *lurasidone 40 mg tablet*
- *lurasidone 60 mg tablet*
- *lurasidone 80 mg tablet*
- *olanzapine 10 mg disintegrating tablet*
- *olanzapine 10 mg tablet*
- *olanzapine 15 mg disintegrating tablet*
- *olanzapine 15 mg tablet*
- *olanzapine 2.5 mg tablet*
- *olanzapine 20 mg disintegrating tablet*
- *olanzapine 20 mg tablet*
- *olanzapine 5 mg disintegrating tablet*
- *olanzapine 5 mg tablet*
- *olanzapine 7.5 mg tablet*
- *OPIPZA 10 MG ORAL FILM*
- *OPIPZA 2 MG ORAL FILM*
- *OPIPZA 5 MG ORAL FILM*
- *paliperidone er 1.5 mg tablet,extended release 24 hr*
- *paliperidone er 3 mg tablet,extended release 24 hr*
- *paliperidone er 6 mg tablet,extended release 24 hr*
- *paliperidone er 9 mg tablet,extended release 24 hr*
- *quetiapine 100 mg tablet*
- *quetiapine 200 mg tablet*
- *quetiapine 25 mg tablet*
- *quetiapine 300 mg tablet*
- *quetiapine 400 mg tablet*
- *quetiapine 50 mg tablet*
- *quetiapine er 150 mg tablet,extended release 24 hr*
- *quetiapine er 200 mg tablet,extended release 24 hr*
- *quetiapine er 300 mg tablet,extended release 24 hr*
- *quetiapine er 400 mg tablet,extended release 24 hr*
- *quetiapine er 50 mg tablet,extended release 24 hr*
- *REXULTI 0.25 MG TABLET*
- *REXULTI 0.5 MG TABLET*
- *REXULTI 1 MG TABLET*

Drugs That Require Step Therapy

In some cases SecureCare HMO, SecureChoice PPO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step-1 and Step-2 drugs both treat your medical condition, we may not cover the Step-2 drug unless you try the Step-1 drug first. If the Step-1 drug does not work for you, we will then cover the Step-2 drug shown in the chart below. SecureCare HMO, SecureChoice PPO will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your personal representative or your prescriber can request a review by calling, The Health Plan toll free at, 1.800.624.6961, Ext., 7914, Monday through Friday, 8:00 a.m.- 5:00 p.m. Customer Service is available in English and other languages. TTY/TDD users should call 711.

- REXULTI 2 MG TABLET
- REXULTI 3 MG TABLET
- REXULTI 4 MG TABLET
- *risperidone 0.25 mg disintegrating tablet*
- *risperidone 0.25 mg tablet*
- *risperidone 0.5 mg disintegrating tablet*
- *risperidone 0.5 mg tablet*
- *risperidone 1 mg disintegrating tablet*
- *risperidone 1 mg tablet*
- *risperidone 1 mg/ml oral solution*
- *risperidone 2 mg disintegrating tablet*
- *risperidone 2 mg tablet*
- *risperidone 3 mg disintegrating tablet*
- *risperidone 3 mg tablet*
- *risperidone 4 mg disintegrating tablet*
- *risperidone 4 mg tablet*
- VRAYLAR 0.5 MG CAPSULE
- VRAYLAR 0.75 MG CAPSULE
- VRAYLAR 1.5 MG CAPSULE
- VRAYLAR 3 MG CAPSULE
- VRAYLAR 4.5 MG CAPSULE
- VRAYLAR 6 MG CAPSULE
- *ziprasidone 20 mg capsule*
- *ziprasidone 40 mg capsule*
- *ziprasidone 60 mg capsule*
- *ziprasidone 80 mg capsule*

Step 2:

- FANAPT 1 MG TABLET
- FANAPT 10 MG TABLET
- FANAPT 12 MG TABLET
- FANAPT 2 MG TABLET
- FANAPT 4 MG TABLET
- FANAPT 6 MG TABLET
- FANAPT 8 MG TABLET
- FANAPT TITRATION PACK A 1 MG (2)-2 MG (2)-4 MG (2)-6 MG (2) TABLETS
- FANAPT TITRATION PACK B 1 MG (6)-2 MG (2)-6 MG (2)-8 MG (2) TABLETS
- FANAPT TITRATION PACK C 1 MG (4)-2 MG (2)-6 MG (2) TABLETS

Details

Criteria	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. [Note: A trial of the brand name equivalent of a generic step 1 product will also count towards this requirement.] Approve if the patient is currently taking the requested drug. Approve if the patient has taken the requested drug at any time in the past.
-----------------	--

Drugs That Require Step Therapy

In some cases SecureCare HMO, SecureChoice PPO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step-1 and Step-2 drugs both treat your medical condition, we may not cover the Step-2 drug unless you try the Step-1 drug first. If the Step-1 drug does not work for you, we will then cover the Step-2 drug shown in the chart below. SecureCare HMO, SecureChoice PPO will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your personal representative or your prescriber can request a review by calling, The Health Plan toll free at, 1.800.624.6961, Ext., 7914, Monday through Friday, 8:00 a.m.- 5:00 p.m. Customer Service is available in English and other languages. TTY/TDD users should call 711.

CONSTIPATION AGENTS - OTHER - PST

Products Affected

Step 1:

- SYMPROIC 0.2 MG TABLET

Step 2:

- RELISTOR 12 MG/0.6 ML
SUBCUTANEOUS SOLUTION
- RELISTOR 12 MG/0.6 ML
SUBCUTANEOUS SYRINGE
- RELISTOR 8 MG/0.4 ML
SUBCUTANEOUS SYRINGE

Details

Criteria	If the patient has tried a Step 1 drug, approve the requested Step 2 drug. Approve Relistor injection if being prescribed for the treatment of opioid-induced constipation in an adult patient with advanced illness who is receiving palliative care without a trial of a Step 1 drug.
-----------------	---

Drugs That Require Step Therapy

In some cases SecureCare HMO, SecureChoice PPO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step-1 and Step-2 drugs both treat your medical condition, we may not cover the Step-2 drug unless you try the Step-1 drug first. If the Step-1 drug does not work for you, we will then cover the Step-2 drug shown in the chart below. SecureCare HMO, SecureChoice PPO will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your personal representative or your prescriber can request a review by calling, The Health Plan toll free at, 1.800.624.6961, Ext., 7914, Monday through Friday, 8:00 a.m.- 5:00 p.m. Customer Service is available in English and other languages. TTY/TDD users should call 711.

DEXTROMETHORPHAN/BUPROPION

Products Affected

Step 1:

- *bupropion hcl 100 mg tablet*
- *bupropion hcl 75 mg tablet*
- *bupropion hcl sr 100 mg tablet, 12 hr sustained-release*
- *bupropion hcl sr 150 mg tablet, 12 hr sustained-release*
- *bupropion hcl sr 200 mg tablet, 12 hr sustained-release*
- *bupropion hcl xl 150 mg 24 hr tablet, extended release*
- *bupropion hcl xl 300 mg 24 hr tablet, extended release*
- *citalopram 10 mg tablet*
- *citalopram 10 mg/5 ml oral solution*
- *citalopram 20 mg tablet*
- *citalopram 40 mg tablet*
- *desvenlafaxine succinate er 100 mg tablet, extended release 24 hr*
- *desvenlafaxine succinate er 25 mg tablet, extended release 24 hr*
- *desvenlafaxine succinate er 50 mg tablet, extended release 24 hr*
- *duloxetine 20 mg capsule, delayed release*
- *duloxetine 30 mg capsule, delayed release*
- *duloxetine 60 mg capsule, delayed release*
- *escitalopram 10 mg tablet*
- *escitalopram 20 mg tablet*
- *escitalopram 5 mg tablet*
- *escitalopram 5 mg/5 ml oral solution*
- *fluoxetine 10 mg capsule*
- *fluoxetine 20 mg capsule*
- *fluoxetine 20 mg/5 ml (4 mg/ml) oral solution*
- *fluoxetine 40 mg capsule*
- *fluvoxamine 100 mg tablet*
- *fluvoxamine 25 mg tablet*
- *fluvoxamine 50 mg tablet*
- *nefazodone 100 mg tablet*
- *nefazodone 150 mg tablet*
- *nefazodone 200 mg tablet*
- *nefazodone 250 mg tablet*
- *nefazodone 50 mg tablet*
- *paroxetine 10 mg tablet*
- *paroxetine 10 mg/5 ml oral suspension*
- *paroxetine 20 mg tablet*
- *paroxetine 30 mg tablet*
- *paroxetine 40 mg tablet*
- *paroxetine er 12.5 mg tablet, extended release 24 hr*
- *paroxetine er 25 mg tablet, extended release 24 hr*
- *paroxetine er 37.5 mg tablet, extended release 24 hr*
- *sertraline 100 mg tablet*
- *sertraline 20 mg/ml oral concentrate*
- *sertraline 25 mg tablet*
- *sertraline 50 mg tablet*
- *venlafaxine 100 mg tablet*
- *venlafaxine 25 mg tablet*
- *venlafaxine 37.5 mg tablet*
- *venlafaxine 50 mg tablet*
- *venlafaxine 75 mg tablet*
- *venlafaxine er 150 mg capsule, extended release 24 hr*
- *venlafaxine er 37.5 mg capsule, extended release 24 hr*

Drugs That Require Step Therapy

In some cases SecureCare HMO, SecureChoice PPO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step-1 and Step-2 drugs both treat your medical condition, we may not cover the Step-2 drug unless you try the Step-1 drug first. If the Step-1 drug does not work for you, we will then cover the Step-2 drug shown in the chart below. SecureCare HMO, SecureChoice PPO will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your personal representative or your prescriber can request a review by calling, The Health Plan toll free at, 1.800.624.6961, Ext., 7914, Monday through Friday, 8:00 a.m.- 5:00 p.m. Customer Service is available in English and other languages. TTY/TDD users should call 711.

- *venlafaxine er 75 mg capsule, extended release 24 hr*
- *vilazodone 10 mg tablet*
- *vilazodone 20 mg tablet*
- *vilazodone 40 mg tablet*

Step 2:

- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE

Details

Criteria	Approve if the patient has tried a generic SSRI OR SNRI AND separately tried bupropion. Approve Auvelity if the patient has suicidal ideation without a trial of a Step 1 drug. Approve Auvelity if the patient is currently receiving Auvelity or has taken Auvelity in the past.
-----------------	--

Drugs That Require Step Therapy

In some cases SecureCare HMO, SecureChoice PPO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step-1 and Step-2 drugs both treat your medical condition, we may not cover the Step-2 drug unless you try the Step-1 drug first. If the Step-1 drug does not work for you, we will then cover the Step-2 drug shown in the chart below. SecureCare HMO, SecureChoice PPO will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your personal representative or your prescriber can request a review by calling, The Health Plan toll free at, 1.800.624.6961, Ext., 7914, Monday through Friday, 8:00 a.m.- 5:00 p.m. Customer Service is available in English and other languages. TTY/TDD users should call 711.

PULMONARY ANTI-INFLAMMATORY - PST

Products Affected

Step 1:

- ALVESCO 160 MCG/ACTUATION AEROSOL INHALER
- ALVESCO 80 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER
- ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR
- PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED
- PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED
- QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL
- QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL

Step 2:

- FLUTICASONE PROPIONATE 110 MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 220 MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 44 MCG/ACTUATION HFA AEROSOL INHALER

Drugs That Require Step Therapy

In some cases SecureCare HMO, SecureChoice PPO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step-1 and Step-2 drugs both treat your medical condition, we may not cover the Step-2 drug unless you try the Step-1 drug first. If the Step-1 drug does not work for you, we will then cover the Step-2 drug shown in the chart below. SecureCare HMO, SecureChoice PPO will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your personal representative or your prescriber can request a review by calling, The Health Plan toll free at, 1.800.624.6961, Ext., 7914, Monday through Friday, 8:00 a.m.- 5:00 p.m. Customer Service is available in English and other languages. TTY/TDD users should call 711.

Details

Criteria	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. If the patient is 5 to 11 years of age and is unable to use BOTH a dry powder inhaler AND a breath-actuated metered-dose inhaler (i.e., Qvar Redihaler), approve fluticasone propionate HFA if the patient has tried Asmanex HFA. If the patient is 4 years of age or younger, approve fluticasone propionate HFA (AA to Flovent HFA) without a trial of a Step 1 drug. If the patient is being treated for eosinophilic esophagitis or chronic graft versus host disease with lung involvement (bronchiolitis obliterans syndrome), approve fluticasone propionate HFA without a trial of a Step 1 drug. If the patient is pregnant and is currently receiving the requested drug, approve without a trial of a Step 1 drug.
-----------------	---

Drugs That Require Step Therapy

In some cases SecureCare HMO, SecureChoice PPO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step-1 and Step-2 drugs both treat your medical condition, we may not cover the Step-2 drug unless you try the Step-1 drug first. If the Step-1 drug does not work for you, we will then cover the Step-2 drug shown in the chart below. SecureCare HMO, SecureChoice PPO will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your personal representative or your prescriber can request a review by calling, The Health Plan toll free at, 1.800.624.6961, Ext., 7914, Monday through Friday, 8:00 a.m.- 5:00 p.m. Customer Service is available in English and other languages. TTY/TDD users should call 711.

TRAZODONE

Products Affected

Step 1:

- *trazodone 100 mg tablet*
- *trazodone 150 mg tablet*
- *trazodone 300 mg tablet*
- *trazodone 50 mg tablet*

Step 2:

- RALDESY 10 MG/ML ORAL SOLUTION

Details

Criteria	If the patient has tried one Step 1 drug, then authorization for a Step 2 drug will be given. Approve Raldesy if the patient has difficulty swallowing tablets or cannot swallow tablets. Approve if the patient is currently taking Raldesy or has taken Raldesy at any time in the past.
-----------------	--

Drugs That Require Step Therapy

In some cases SecureCare HMO, SecureChoice PPO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step-1 and Step-2 drugs both treat your medical condition, we may not cover the Step-2 drug unless you try the Step-1 drug first. If the Step-1 drug does not work for you, we will then cover the Step-2 drug shown in the chart below. SecureCare HMO, SecureChoice PPO will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your personal representative or your prescriber can request a review by calling, The Health Plan toll free at, 1.800.624.6961, Ext., 7914, Monday through Friday, 8;00 a.m.- 5:00 p.m. Customer Service is available in English and other languages.TTY/TDD users should call 711.

Index

A

ALVESCO 160 MCG/ACTUATION AEROSOL INHALER.....	7
ALVESCO 80 MCG/ACTUATION AEROSOL INHALER.....	7
aripiprazole 1 mg/ml oral solution.....	2, 3
aripiprazole 10 mg disintegrating tablet .	2, 3
aripiprazole 10 mg tablet	2, 3
aripiprazole 15 mg disintegrating tablet .	2, 3
aripiprazole 15 mg tablet	2, 3
aripiprazole 2 mg tablet	2, 3
aripiprazole 20 mg tablet	2, 3
aripiprazole 30 mg tablet	2, 3
aripiprazole 5 mg tablet	2, 3
asenapine 10 mg sublingual tablet	2, 3
asenapine 2.5 mg sublingual tablet	2, 3
asenapine 5 mg sublingual tablet	2, 3
ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER.....	7
ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER.....	7
ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER.....	7
ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR.....	7
ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR	7
ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR.....	7
ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR.....	7

AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE.....	5, 6
--	------

B

bupropion hcl 100 mg tablet	5, 6
bupropion hcl 75 mg tablet	5, 6
bupropion hcl sr 100 mg tablet,12 hr sustained-release	1, 5, 6
bupropion hcl sr 150 mg tablet,12 hr sustained-release	1, 5, 6
bupropion hcl sr 200 mg tablet,12 hr sustained-release	1, 5, 6
bupropion hcl xl 150 mg 24 hr tablet, extended release	1, 5, 6
bupropion hcl xl 300 mg 24 hr tablet, extended release	1, 5, 6

C

CAPLYTA 10.5 MG CAPSULE.....	2, 3
CAPLYTA 21 MG CAPSULE.....	2, 3
CAPLYTA 42 MG CAPSULE.....	2, 3
citalopram 10 mg tablet	1, 5, 6
citalopram 10 mg/5 ml oral solution...	1, 5, 6
citalopram 20 mg tablet	1, 5, 6
citalopram 40 mg tablet	1, 5, 6
COBENFY 100 MG-20 MG CAPSULE	2, 3
COBENFY 125 MG-30 MG CAPSULE	2, 3
COBENFY 50 MG-20 MG CAPSULE..	2, 3
COBENFY STARTER PACK 50 MG-20 MG/100 MG-20 MG CAPSULES IN A DOSE PACK	2, 3

D

desvenlafaxine succinate er 100 mg tablet,extended release 24 hr.....	5, 6
desvenlafaxine succinate er 25 mg tablet,extended release 24 hr.....	5, 6

Drugs That Require Step Therapy

In some cases SecureCare HMO, SecureChoice PPO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step-1 and Step-2 drugs both treat your medical condition, we may not cover the Step-2 drug unless you try the Step-1 drug first. If the Step-1 drug does not work for you, we will then cover the Step-2 drug shown in the chart below. SecureCare HMO, SecureChoice PPO will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your personal representative or your prescriber can request a review by calling, The Health Plan toll free at, 1.800.624.6961, Ext., 7914, Monday through Friday, 8;00 a.m.- 5:00 p.m. Customer Service is available in English and other languages. TTY/TDD users should call 711.

desvenlafaxine succinate er 50 mg
 tablet,extended release 24 hr 5, 6
 duloxetine 20 mg capsule,delayed release . 1,
 5, 6
 duloxetine 30 mg capsule,delayed release . 1,
 5, 6
 duloxetine 60 mg capsule,delayed release . 1,
 5, 6

E

escitalopram 10 mg tablet 1, 5, 6
 escitalopram 20 mg tablet 1, 5, 6
 escitalopram 5 mg tablet 1, 5, 6
 escitalopram 5 mg/5 ml oral solution..... 5, 6
 EXXUA 18.2 MG (32 TABS) TABLET, ER
 24 HR DOSE PACK..... 1
 EXXUA 18.2 MG TABLET,EXTENDED
 RELEASE 1
 EXXUA 36.3 MG TABLET,EXTENDED
 RELEASE 1
 EXXUA 54.5 MG TABLET,EXTENDED
 RELEASE 1
 EXXUA 72.6 MG TABLET,EXTENDED
 RELEASE 1

F

FANAPT 1 MG TABLET 3
 FANAPT 10 MG TABLET 3
 FANAPT 12 MG TABLET 3
 FANAPT 2 MG TABLET 3
 FANAPT 4 MG TABLET 3
 FANAPT 6 MG TABLET 3
 FANAPT 8 MG TABLET 3
 FANAPT TITRATION PACK A 1 MG (2)-
 2 MG (2)-4 MG (2)-6 MG (2) TABLETS
 3
 FANAPT TITRATION PACK B 1 MG (6)-
 2 MG (2)-6 MG (2)-8 MG (2) TABLETS
 3

FANAPT TITRATION PACK C 1 MG (4)-
 2 MG (2)-6 MG (2) TABLETS 3
 fluoxetine 10 mg capsule 1, 5, 6
 fluoxetine 20 mg capsule 1, 5, 6
 fluoxetine 20 mg/5 ml (4 mg/ml) oral
 solution..... 1, 5, 6
 fluoxetine 40 mg capsule 1, 5, 6
 FLUTICASONE PROPIONATE 110
 MCG/ACTUATION HFA AEROSOL
 INHALER 7
 FLUTICASONE PROPIONATE 220
 MCG/ACTUATION HFA AEROSOL
 INHALER 7
 FLUTICASONE PROPIONATE 44
 MCG/ACTUATION HFA AEROSOL
 INHALER 7
 fluvoxamine 100 mg tablet 1, 5, 6
 fluvoxamine 25 mg tablet 1, 5, 6
 fluvoxamine 50 mg tablet 1, 5, 6

L

lurasidone 120 mg tablet 2, 3
 lurasidone 20 mg tablet 2, 3
 lurasidone 40 mg tablet 2, 3
 lurasidone 60 mg tablet 2, 3
 lurasidone 80 mg tablet 2, 3

N

nefazodone 100 mg tablet 5, 6
 nefazodone 150 mg tablet 5, 6
 nefazodone 200 mg tablet 5, 6
 nefazodone 250 mg tablet 5, 6
 nefazodone 50 mg tablet 5, 6

O

olanzapine 10 mg disintegrating tablet ... 2, 3
 olanzapine 10 mg tablet 2, 3
 olanzapine 15 mg disintegrating tablet ... 2, 3
 olanzapine 15 mg tablet 2, 3
 olanzapine 2.5 mg tablet 2, 3
 olanzapine 20 mg disintegrating tablet ... 2, 3

Drugs That Require Step Therapy

In some cases SecureCare HMO, SecureChoice PPO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step-1 and Step-2 drugs both treat your medical condition, we may not cover the Step-2 drug unless you try the Step-1 drug first. If the Step-1 drug does not work for you, we will then cover the Step-2 drug shown in the chart below. SecureCare HMO, SecureChoice PPO will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your personal representative or your prescriber can request a review by calling, The Health Plan toll free at, 1.800.624.6961, Ext., 7914, Monday through Friday, 8;00 a.m.- 5:00 p.m. Customer Service is available in English and other languages. TTY/TDD users should call 711.

olanzapine 20 mg tablet 2, 3
 olanzapine 5 mg disintegrating tablet 2, 3
 olanzapine 5 mg tablet 2, 3
 olanzapine 7.5 mg tablet 2, 3
 OPIPZA 10 MG ORAL FILM..... 2, 3
 OPIPZA 2 MG ORAL FILM..... 2, 3
 OPIPZA 5 MG ORAL FILM..... 2, 3

P

paliperidone er 1.5 mg tablet,extended
 release 24 hr 2, 3
 paliperidone er 3 mg tablet,extended release
 24 hr 2, 3
 paliperidone er 6 mg tablet,extended release
 24 hr 2, 3
 paliperidone er 9 mg tablet,extended release
 24 hr 2, 3
 paroxetine 10 mg tablet..... 1, 5, 6
 paroxetine 10 mg/5 ml oral suspension .. 5, 6
 paroxetine 20 mg tablet..... 1, 5, 6
 paroxetine 30 mg tablet..... 1, 5, 6
 paroxetine 40 mg tablet..... 1, 5, 6
 paroxetine er 12.5 mg tablet,extended
 release 24 hr 5, 6
 paroxetine er 25 mg tablet,extended release
 24 hr 5, 6
 paroxetine er 37.5 mg tablet,extended
 release 24 hr 5, 6
 PULMICORT FLEXHALER 180
 MCG/ACTUATION BREATH
 ACTIVATED..... 7
 PULMICORT FLEXHALER 90
 MCG/ACTUATION BREATH
 ACTIVATED..... 7

Q

quetiapine 100 mg tablet..... 2, 3
 quetiapine 200 mg tablet..... 2, 3
 quetiapine 25 mg tablet..... 2, 3
 quetiapine 300 mg tablet..... 2, 3

quetiapine 400 mg tablet..... 2, 3
 quetiapine 50 mg tablet..... 2, 3
 quetiapine er 150 mg tablet,extended release
 24 hr 2, 3
 quetiapine er 200 mg tablet,extended release
 24 hr 2, 3
 quetiapine er 300 mg tablet,extended release
 24 hr 2, 3
 quetiapine er 400 mg tablet,extended release
 24 hr 2, 3
 quetiapine er 50 mg tablet,extended release
 24 hr 2, 3
 QVAR REDIHALER 40
 MCG/ACTUATION HFA BREATH
 ACTIVATED AEROSOL 7
 QVAR REDIHALER 80
 MCG/ACTUATION HFA BREATH
 ACTIVATED AEROSOL 7

R

RALDESY 10 MG/ML ORAL SOLUTION
 8
 RELISTOR 12 MG/0.6 ML
 SUBCUTANEOUS SOLUTION..... 4
 RELISTOR 12 MG/0.6 ML
 SUBCUTANEOUS SYRINGE 4
 RELISTOR 8 MG/0.4 ML
 SUBCUTANEOUS SYRINGE 4
 REXULTI 0.25 MG TABLET..... 2, 3
 REXULTI 0.5 MG TABLET..... 2, 3
 REXULTI 1 MG TABLET..... 2, 3
 REXULTI 2 MG TABLET..... 2, 3
 REXULTI 3 MG TABLET..... 2, 3
 REXULTI 4 MG TABLET..... 2, 3
 risperidone 0.25 mg disintegrating tablet 2, 3
 risperidone 0.25 mg tablet..... 2, 3
 risperidone 0.5 mg disintegrating tablet.. 2, 3
 risperidone 0.5 mg tablet..... 2, 3
 risperidone 1 mg disintegrating tablet..... 2, 3

Drugs That Require Step Therapy

In some cases SecureCare HMO, SecureChoice PPO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step-1 and Step-2 drugs both treat your medical condition, we may not cover the Step-2 drug unless you try the Step-1 drug first. If the Step-1 drug does not work for you, we will then cover the Step-2 drug shown in the chart below. SecureCare HMO, SecureChoice PPO will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your personal representative or your prescriber can request a review by calling, The Health Plan toll free at, 1.800.624.6961, Ext., 7914, Monday through Friday, 8:00 a.m.- 5:00 p.m. Customer Service is available in English and other languages. TTY/TDD users should call 711.

risperidone 1 mg tablet..... 2, 3
risperidone 1 mg/ml oral solution..... 2, 3
risperidone 2 mg disintegrating tablet.... 2, 3
risperidone 2 mg tablet..... 2, 3
risperidone 3 mg disintegrating tablet.... 2, 3
risperidone 3 mg tablet..... 2, 3
risperidone 4 mg disintegrating tablet.... 2, 3
risperidone 4 mg tablet..... 2, 3

S

sertraline 100 mg tablet..... 1, 5, 6
sertraline 20 mg/ml oral concentrate... 1, 5, 6
sertraline 25 mg tablet..... 1, 5, 6
sertraline 50 mg tablet..... 1, 5, 6
SYMPROIC 0.2 MG TABLET 4

T

trazodone 100 mg tablet..... 8
trazodone 150 mg tablet..... 8
trazodone 300 mg tablet..... 8
trazodone 50 mg tablet..... 8

V

venlafaxine 100 mg tablet..... 1, 5, 6
venlafaxine 25 mg tablet..... 1, 5, 6
venlafaxine 37.5 mg tablet..... 1, 5, 6

venlafaxine 50 mg tablet..... 1, 5, 6
venlafaxine 75 mg tablet..... 1, 5, 6
venlafaxine er 150 mg capsule,extended
release 24 hr 1, 5, 6
venlafaxine er 37.5 mg capsule,extended
release 24 hr 1, 5, 6
venlafaxine er 75 mg capsule,extended
release 24 hr 1, 5, 6
vilazodone 10 mg tablet..... 5, 6
vilazodone 20 mg tablet..... 5, 6
vilazodone 40 mg tablet..... 5, 6
VRAYLAR 0.5 MG CAPSULE 3
VRAYLAR 0.75 MG CAPSULE 3
VRAYLAR 1.5 MG CAPSULE 3
VRAYLAR 3 MG CAPSULE 3
VRAYLAR 4.5 MG CAPSULE 3
VRAYLAR 6 MG CAPSULE 3

Z

ziprasidone 20 mg capsule 3
ziprasidone 40 mg capsule 3
ziprasidone 60 mg capsule 3
ziprasidone 80 mg capsule 3